

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	<i>20091</i>	<i>7/9</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>7/13</i>
FORMALITY REVIEW		<i>67863</i>	<i>8-27-0</i>
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/20/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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